

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | BM | 49 | 07-19-01 |
| O.I.P.E. CLASSIFIER | | | 7/18/01 |
| FORMALITY REVIEW | MO | JGRR | 08/22/01 |
| RESPONSE FORMALITY REVIEW | ZM | 927 | 10-26-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|-------|---------|
| 1 | 37-8142 |
| 2 | |
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| 7 | ✓ |
| 8 | ○ |
| 9 | ✓ |
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| 11 | |
| 12 | ✓ |
| 13 | ○ |
| 14 | ✓ |
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| 27 | |
| 28 | ○ |
| 29 | ✓ |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

571
12/2/01
12/2/01